



EVIDENCE COLLECTION REPORT

SECTION I: EVENT INFORMATION

SANCTION: _____

DATE: _____ TIME: _____

VENUE ADDRESS: _____

HOST/PROMOTER: _____ COO/RING SUPERVISOR: _____

PHYSICIAN(S): _____

SECTION II: PARTICIPANT INFORMATION

PERSON __ **NAME:** _____

HOW WAS THIS PERSON INVOLVED?

RED	BLUE	NEUTRAL
<input type="checkbox"/> BOXER	<input type="checkbox"/> BOXER	<input type="checkbox"/> OFFICIAL
<input type="checkbox"/> COACH	<input type="checkbox"/> COACH	<input type="checkbox"/> OTHER: _____

ITEMS COLLECTED:

BOXING GLOVES

COLLECTED BY: _____
NAME

DATE COLLECTED: _____

HEADGEAR

COLLECTED BY: _____
NAME

DATE COLLECTED: _____

HAND WRAPS

COLLECTED BY: _____
NAME

DATE COLLECTED: _____

WERE BOTH GLOVES COLLECTED? YES NO

IF NOT, WHICH GLOVE WAS COLLECTED? LEFT RIGHT

WERE/WAS THE GLOVE(S) PREPARED AS INSTRUCTED IN THE EMERGENCY ACTION PLAN? YES NO

WAS THE HEADGEAR PREPARED, AS INSTRUCTED IN THE EMERGENCY ACTION PLAN? YES NO

WERE BOTH HAND WRAPS COLLECTED? YES NO

IF NOT, WHICH HAND WRAP WAS COLLECTED? LEFT RIGHT

WERE/WAS THE WRAP(S) PREPARED AS INSTRUCTED IN THE EMERGENCY ACTION PLAN? YES NO

MOUTHPIECE

COLLECTED BY: _____

DATE COLLECTED: _____
NAME

WAS THE MOUTHPIECE COLLECTED? YES NO

WAS THE MOUTHPIECE PREPARED AS
INSTRUCTED IN EMERGENCY ACTION PLAN YES NO

PASSBOOK

COLLECTED BY: _____

DATE COLLECTED: _____
NAME

WAS THE PASSBOOK COLLECTED? YES NO

MISCELLANEOUS

COLLECTED BY: _____

DATE COLLECTED: _____
NAME

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